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COUNTRY NOTE**

Bolivia

SUMMARY

The Executive Director presents the country note for Bolivia for a programme of cooperation for the period 1998 to 2002.

THE SITUATION OF CHILDREN AND WOMEN

1. Legislative measures such as the laws of popular participation and administrative decentralization have resulted in a significant decentralization of the state to the municipal level, thus increasing the scope for working with local governments which are now directly in charge of the provision of social services. These changes have also increased the participation of the poorest, mainly indigenous and rural populations in all spheres of public life. However, social indicators reveal that ethnic, geographical and gender disparities remain wide, while public policies in several crucial social areas are still incomplete or not yet fully implemented.

2. Infant and under-five mortality rates (IMR and U5MR) are estimated at 73 and 105 per 1,000 live births, respectively, a marked improvement compared to the rates of 109 and 162, respectively, during 1980-1985. The main causes of infant and child deaths are acute respiratory infections and diarrhoea. Malnutrition, the most important associated cause of child morbidity and mortality, mainly in the 0- to 24-month age-group, remains a serious and worsening problem, and is caused principally by inadequate feeding practices, recurrent infections and poor access to food, particularly in the rural altiplano (highlands).

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* E/ICEF/1997/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1997.

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3. Only 47 per cent of rural households have access to potable water and 32 per cent to basic sanitation, up from 30 and 15 per cent, respectively, in the 1980s. Immunization coverage of infants is over 85 per cent, more than double the level in 1990. Poliomyelitis has been eradicated and measles drastically reduced. While iodine deficiency disorders have been virtually eliminated, vitamin A deficiency and iron deficiency anemia are still significant public health problems. Maternal mortality remains high at 390 deaths per 100,000 live births, but ranges from 110 in the lowlands to 890 in the rural highlands. High fertility rates are associated with an unmet demand for family planning and cultural, geographic and economic barriers to the use of services.

4. Educational reform, which in 1994 officially introduced multicultural, multilingual education in the country, has yet to have a measurable impact in the classroom. While basic education coverage reaches 80 per cent nationwide, there are serious ethnic and geographic disparities and problems of quality. Primary education completion rates are only 53 per cent in urban areas and 7 per cent in rural areas, with significant gender gaps. Preschool education coverage is less than 20 per cent for children under six years old. About 24 per cent of women are illiterate, but illiteracy among rural women is 50 per cent.

5. The inclusion of children in the labour force is widespread. Violence and abuse against children and women have become issues of public concern. Legislation, such as the new Code of the Minor, and adherence to the Declaration on the Elimination of Violence against Women, has been introduced by the Government, but has yet to positively affect the lives of most women.

LESSONS LEARNED FROM PAST COOPERATION

6. Social reforms and the decentralization processes have created new opportunities for cooperation with municipal governments and local organizations, as well as for increased local-level coordination and complementary programmes with other United Nations, international and bilateral agencies. These new opportunities will be pursued further in the new country programme.

7. Important experiences in how to empower local communities by working with non-governmental organizations (NGOs), community organizations and local governments have taken place in the departments of Potosi, Chuquisaca, Southern Cochabamba and in the Guarani region. This involved a process of shifting gradually from a strong service delivery orientation to an increased emphasis on strengthening the capacity of public institutions. The resources mobilized as a result of the law of popular participation includes the transfer of 20 per cent of national tax revenues directly to municipalities. This increase in recovery has increased the level of sustainability of this initiative.

8. The private sector has become an important partner with respect to the production and distribution of iodized salt, oral rehydration salts and sugar fortification with vitamin A, and with communication media. It will continue to be a crucial ally in efforts to sustain and expand coverage during the next country programme.

9. In order to have an impact on the reduction of maternal mortality, attention should focus on the rural highlands which have a large portion of the poorest municipalities. The national insurance for maternity and childhood, introduced in 1996, has begun to reduce economic barriers to the use of

services. However, the insurance programme should be accompanied by efforts to improve service quality, including the social skills and cultural sensitivity of social service workers.

10. Nutrition strategies can empower communities and families when they consist of a mix of improved access to food, education programmes targeting parents and increased access to water and sanitation.

PROPOSED COUNTRY PROGRAMME STRATEGY

11. The general objective of the 1998-2002 Government of Bolivia-UNICEF programme of cooperation is to contribute to the achievement of the goals of the National Plan of Action, and particularly to reduce IMR and U5MR, maternal mortality, moderate and severe malnutrition in children under five years old, and illiteracy, especially among women, and to increase access to health, education, hygiene, water and sanitation services. Priority will be given to the reduction of ethnic, geographical and gender disparities in about 140 of the most deprived municipalities out of a total of 311 nationwide. These include those municipalities covered by the regionally-funded Andean and Amazon programmes.

12. The specific programme objectives are to (a) assist the national Government in the formulation of public policies in favour of children and women in areas such as child development where they are lacking or incomplete; and (b) rural and peri-urban areas. The mix of strategies will focus on capacity-building of national and municipal governments and local organizations - gradually reducing UNICEF assistance to the delivery of basic services - and on advocacy for promoting children's and women's rights and reorienting the allocation of resources in favour of the most vulnerable groups. Achievement of the proposed objectives will depend heavily on the continuation of the process of popular participation and decentralization.

13. The proposed programme structure will reflect an orientation on both policy advocacy and local government actions on child rights issues, with two cross-sectoral programmes - public policies for children and women and integrated municipal development programme. UNICEF will support the application of social policies developed at the national level in the 140 priority municipalities. The experience generated at the local level will also be used in the formulation of national policies. Specific areas of action for both programmes will include: (a) advocacy and communication; (b) institutional strengthening; (c) health and nutrition; (d) water, sanitation and hygiene; (e) child development; (f) primary education, with an emphasis on multicultural and multilingual education; (g) literacy; (h) protection and participation; and (i) monitoring and evaluation. Annual planning and review meetings, supported by monitoring and evaluation, will constitute the main adjustment tools.

14. The public policies for children and women programme will support the formulation of public policies in the areas of health, education, and child protection and development, with a particular emphasis on child nutrition, child labour, young child education and adult literacy. The objective of the programme is to reduce disparities and increase access to services among the most vulnerable groups. Main strategies will include the provision of technical assistance to strengthen policy development capacity at national- and departmental-level agencies and advocacy to (a) increase the commitment of resources on programmes in favour of children; (b) encourage a continuous process of situation analysis; (c) support the development of an integrated information system; and (d) create alliances among relevant public agencies and

NGOs, including the private sector, in support of the national agenda for children.

15. The integrated municipal development programme aims to strengthen municipal governments and local organizations in the poorest municipalities of the country, empower families and communities, and increase their access to, and utilization of, basic services. Strategies will include (a) advocacy and technical assistance to strengthen the managerial capacity of local governments, NGOs and community organizations and increase resource allocations in favour of children; (b) selective strategic service delivery for the promotion of sustainable approaches to child development; and (c) education, communication and local participatory mechanisms to modify community attitudes and practices, reinforce the demand for social services and improve cultural sensitivity of service workers, and develop a culture of respect for children's and women's rights. The programme will support the implementation of educational reform and promote a multicultural and multilingual focus consistent with educational and other national reform policies.

16. The social reforms under way have increased the scope for community participation in planning and co-financing, as well as for operational coordination with other development organizations, including bilateral, multilateral and other United Nations agencies, and NGOs. Close cooperation with other agencies, for example, with the Inter-agency Technical Committee on Health in collaboration with the Pan American Health Organization/World Health Organization and the United States Agency for International Development, the Dutch cooperation on training in municipal planning and the Inter-American Development Bank on child development, will be maintained within the framework of the United Nations country strategy note, and will include activities such as joint financing and planning efforts.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1998-2002 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Public policies for children and women	2 500	3 000	5 500
Integrated municipal development	1 980	37 000	38 980
Total	4 480	40 000	44 480

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized. They do not include the regionally-funded Andean and Amazon programmes which are submitted separately to the Executive Board.